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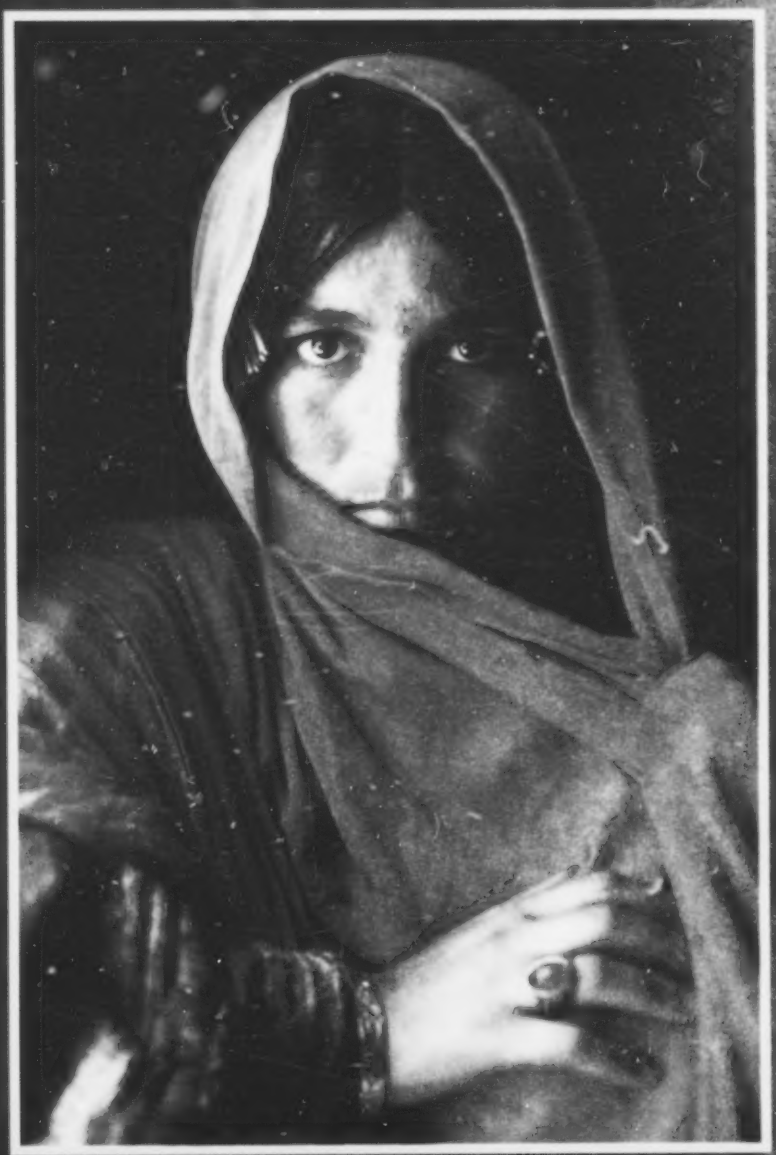
Refugee Women

Refugees



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Cover: Afghan refugee in Pakistan. Photo: S. Salgado/Contact

Refugee Women

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Refugees, Feminine Plural

In 1991, as desperate people scrambled through mountains of ice and mud to flee Northern Iraq, John Telford was posted to the area as a UNHCR emergency officer. When a few refugees took over food distribution, after days of utter confusion, "we thought we'd achieved a lot," Telford recalls. Later, however, UNHCR staff realized that food was not going to families headed by women. Only then did they notice that all the distributors they had appointed were men. The result: malnutrition, exploitation, suffering.

Telford remembers the shock he felt. "Had that group [of women] stood out in some way — visually or physically, because of their ethnic background, or a religious difference, or whatever — we would have made sure they got food," Telford recalls. "But because they were women, it didn't even occur to us. It didn't even occur to me, I have to admit — to my shame."

Since the Kurdish crisis in 1991, UNHCR's emergency operations have been radically improved. Emergency teams and longer-term field staff receive extensive training to help them identify and respond to the specific needs of refugee women and their children. Multiple policy statements and guidelines have ▶

▶ been issued to the field. Unquestionably, UNHCR now pays far more attention to the assistance and protection needs of refugee women and children — who, as every staffer knows, represent the overwhelming majority of refugee caseloads in almost every country.

Still, throughout UNHCR, there are field officers with tales like Feibadi's to tell — and many more who don't even realize that they do. Well-meaning all, they have nonetheless failed to identify, relate to, grapple with or, finally, solve the often crushing additional burdens that face women refugees.

Sexual violence and exploitation are a shockingly frequent experience for refugees — whether before flight, during it, or while living in camps.

> "When men are in charge of giving out plastic sheeting they often forget the weakest people" —
>
> RWANDESE REFUGEE ESTHER NYIRANGORORANO.

But the particular burdens on women include such apparent trivialities as sanitary protection, whose absence can virtually immobilize a woman or adolescent girl. In between, of course, come the disproportionate burdens of child-rearing and domestic tasks; particular education needs for women lacking formal qualifications, who may be alone and responsible for family survival for the first time; and healthcare, including contraception.

"Refugee women and children bear a disproportionate share of the suffering," says High Commissioner Sadako Ogata. But as Senior Coordinator for Refugee Women Ann Howarth-Wiles adds, their needs still do not receive a commensurate portion of the agency's attention and care. "We have a beautiful policy on [refugee] women. We have guidelines. We have everything," notes Wairimu Karago, deputy director of UNHCR's Protection Division. "But all this is only as good as the implementation."

"There are institutional and attitudinal changes that need to take place at UNHCR," says Roberta Cohen, a human rights specialist who recently reviewed UNHCR's policy on women refugees for an in-house evaluation. "The mere enunciation of a policy is not sufficient."

For the evaluation, Cohen — who is currently at the Brookings Institution studying internal displacement — headed a team that visited UNHCR operations in Pakistan, Nepal, Bangladesh, Ethiopia, Kenya, Malawi, Nicaragua, Mexico, Costa Rica and Thailand. She looked into distribution systems, women's representation on refugee committees, access to female staffers and doctors, measures to prevent sexual violence, intelligent site planning — basic essentials.

"In one place I went, the rainy season was beginning, but there was so little plastic sheeting available that you could count the number of huts that had any," Cohen recalls. "When I spoke to the women, the first issue they brought up was the rain. Enough sheeting had arrived, but the male camp committee put in charge of distribution had sold most of it. The implementing partner said more sheeting was coming in. But had they changed the distribution system? No."

UNHCR policy stipulates that representatives and field officers should be attentive to women's needs in issues as fundamental as site planning and distribution of food and other supplies, as well as obvious specific questions in health care, skills training and education.

Particularly stressed is the need to increase the voice — and thus the power — of women refugees, and the need for UNHCR staff to monitor the application of such principles by NGOs. Camp situations are rarely model democracies, and without representation on refugee committees (or, in deeply resistant societies, separate women's committees), the specific needs of women refugees can be ignored.

"Sometimes women are better at distributing aid than men," observes Rwandese refugee Esther Nyirangororano. "Men neglect things. When men are in charge of giving out plastic sheeting they often forget the weakest people, the old women who can't walk far or the widows. And men don't know anything about malnutrition. It's women who know."

Women are often reluctant to confide in male administrators — even if they ask. "I have walked around camps and seen doctors who have said 'no problems,'" says Marie Lobo, UNHCR's Senior Social Services Officer. "I have then gone into tents and found women who have been raped, who have severe gynecological problems, who are pregnant — who have all kinds of complaints, but who would not go across the road because the NGOs have only male doctors. One lesson is the obvious, enormous need for more female staff in the field. But another is the ostrich approach — if you don't see the problem, it isn't there."

Rape is among the most terrible of the burdens that fall so heavily on refugee women. Protection is at the heart of UNHCR's mandate. Most concretely, that means protection from assault. Yet refugee women are frequently victimized by sexual attack. Before flight, sexual violence is often a routine element of the persecution of women. During flight, sexual exploitation or violence may be part of their experience with border officials, other refugees, or the local population on either side or the border. In addition, even when women refugees reach safety — even when they are under the protection of UNHCR — women and young girls in refugee camps may be beat-

en, mutilated, assaulted and raped.

In Rwanda, during the appalling genocide of 1994, a recent report commissioned by the Fondation de France suggests that "virtually every adult woman or girl past puberty who was spared from massacre by the militias had been raped" — along with many younger children. Widows are said to comprise 80 percent of Rwandese women; there are estimates that 2,000-5,000 children may have been born of rape, many immediately abandoned.

Even inside UNHCR refugee camps, Inyumba Aloysia, Rwanda's Minister for the Family, has stated that "young girls are being kept in refugee camps as sexual hostages by militia and soldiers of the former government." At least two Rwandese returnee girls have claimed to have been confined as sexual slaves in camps inside Zaire — statements they have since retracted.

Attempts by some field-workers to look into the allegations of rape of Rwandese refugee women have, so far, drawn a blank — perhaps at least partly because of the extreme shame felt by rape victims in Rwandese culture. Moreover, not all Rwandese refugees are convinced that rape is a major problem. "I live alone in a *ibinde* (hut), and I feel quite safe," says Euphrasie Nyiramajambere, a Rwandese widow who is a member of several refugee organizations in Kibumba, near Goma. "There are so many people close by. If a man tried to come into my *ibinde* at night it would be very easy to raise the alarm."

Nonetheless, many other women in the camps around Rwanda manifestly feel unsafe. "The Rwandese women want to be involved in the distribution of food and non-food items," says Maricela Daniel, a regional support officer for refugee children and women based in Kigali, who has long experience in human rights work in former Yugoslavia. "They also tell us to focus on the situation of sick widows and single mothers, who are in a particularly difficult position, and also women who have been abandoned by their husbands, who take with them all the non-food items.

"Also, they are concerned about sexual violence and prostitution in the camps. These are important points. All the conditions for rape and sexual abuse certainly exist in many camps. In some camps, there is still no awareness of the need for representation by women, and women administrators, although this is our policy. But the security situation is very, very challenging in these camps. Women who have worked with us have been threatened. ▶

Distribution by men can mean women are exploited: Somalis in Kenya.

"Any number of site-planning details can make the difference between a bearable life and an unbearable one" —
PHYSICAL PLANNER WOLFGANG NEUMANN.

▶ UNHCR is powerless against these other forces."

Given the security situation in Zaire's Goma camps, currently sheltering "*something* refugees, adequate investigation of the issue may well be impossible. According to Betsy Greve, a protection officer in Goma, UNHCR does plan to give small cash stipends to a network of women refugees who will visit other refugees, sector by sector, to gather information on sexual violence, nutrition and other family issues. Greve says that women's committees often exist, but despite UNHCR's instructions, NGOs sometimes fail to invite them to consultative meetings.

"There are so many issues in the camps, and so much chaos," explains Joel Boutroue, team leader of UNHCR's operation in Goma. "We are acutely under-staffed. The protection unit has been working full time on organizing repatriation... I don't know if the problem of rape is widespread. I don't think it has been a major problem; if it were, I think I would know."

"When rape is not on the agenda, this is not always because rape is not a problem," observes Serge Malé, UNHCR's senior epidemiologist. "Sometimes it's where staff haven't asked enough questions." Malé has been working to get appropriate attention in the field for rape and reproductive health needs — a move that, he says, will require joint work by protection and community services officers.

Eventually, Malé would like to see health services organized to deal with gynecological problems as well as malaria; treating complications resulting from genital mutilation of baby girls as easily as cholera; and providing female examiners, trauma counselling and contraceptive advice.

Malé points out that the September 1994 International Conference on Population and Development in Cairo recognized that "reproductive health care and family planning are vital human rights." UNHCR and the U.N. Fund for Population Activities (UNFPA) have embarked on a series of joint activities to promote reproductive health in as many refugee situations as possible, and are developing a relevant, practical guidance manual for the field.

UNHCR has already developed formal guidelines on preventing and responding to sexual violence, based on detailed recommendations by field workers experienced with the rape and piracy attacks on Vietnamese boat-people, rapes of Somali women in Kenya, or the 'ethnic cleansing' rapes of Bosnian women. The guidelines aim to provide field workers with practical, non-specialist advice on the medical, psychological and legal ramifications of sexual violence. They are also intended to dispel the discomfort of many refugee workers with such acts — or any tendency to dismiss them as an inevitable by-product of social breakdown and war.

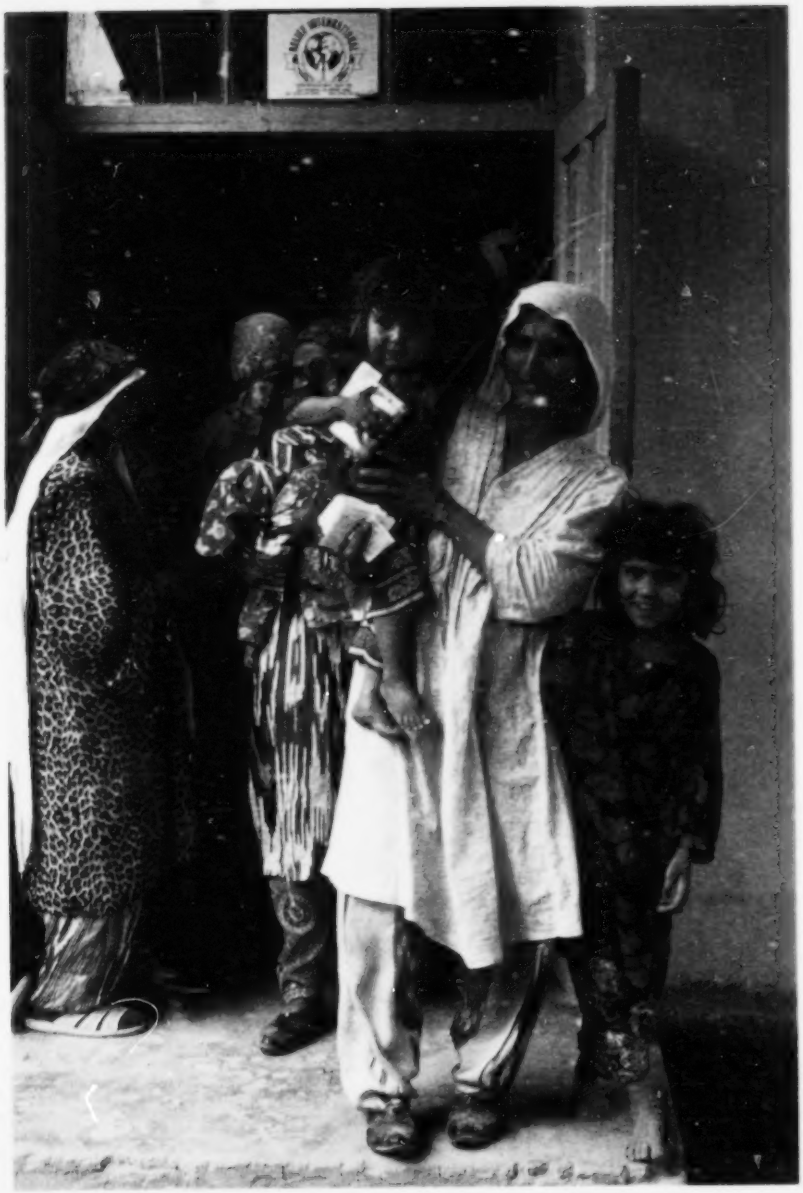
It is possible to prevent rape — not just treat the victims. In 1993, the incidence of rape was reported to be alarmingly high at camps for Somali refugees in Kenya, which were located in isolated areas plagued by bandits and Somali militia. Hundreds of women were raped in night raids, or while foraging for firewood. UNHCR set up a pilot project to improve protection. The camps were fenced with thorn-bushes and protected by expanded patrols. Vulnerable women were relocated to safer areas. Community outreach was expanded. A number of victims of violence, suffering from acute ostracism, were relocated to other refugee camps or given quicker opportunities for resettlement abroad.

Similarly, in Côte d'Ivoire, field workers found women refugees risking attack in the forest because they could not bring themselves to use latrines that had been placed alongside those for men, in the center of the encampment. U.N. Special Rapporteur on Violence Against Women Radhika Coomaraswamy highlights the link between clever camp design and better security. "Poorly lit camps, latrines at unsafe distances, and lack of privacy all cre-

How many women have been raped in this camp? Rwandese refugees in Tanzania.

ate tense and hostile living conditions for women," she recently told NGOs.

"It's not just attacks on women — it's security in general," points out Yvette Stevens, chief of UNHCR's Program and Technical Support Section. "Take lighting. Sometimes administrative buildings are lit, or warehouses. But you hardly ever find lighting where refugees are — not even a strip of solar lighting near the latrines. I remember once, in Zimbabwe, we spent the night in a refugee camp, at a time when there were reports that RENAMO might cross the border. We went outside and it was ▶



Returnee women receive iron tablets and soap during a check-up at a mobile health clinic in Tajikistan.

▶ dark — jet black — and I thought, what if RENAMO comes tonight?"

"A camp is not just a physical environment; it is a social framework," concurs Wolfgang Neumann, UNHCR's senior physical planner. "Any number of details make the difference between a bearable life and a life that is unbearable." Well-designed camps can alleviate the problems of camp security. They can also improve women's health. "Look at washing facilities," Neumann says. "Are we ready to pay for a concrete platform, so that women are not standing up to their knees in mud when they wash? Is there a runoff area around the washing hole? Or is the washing area a breeding ground for mosquitos? Of course, a camp that really considers women's issues, children's issues, and protection of the environment will cost far more money. And that is usually the problem. Many of these things just cannot be done for the same price."

But improving assistance to refugee women is not just a question of funds. It is fundamentally about the attitude of staff members — most importantly, field officers and representatives. Wairimu Karago spent four years as UNHCR Representative in Zimbabwe. "I believed very strongly that we needed to address [women's and children's] issues," Karago says. "I couldn't pretend I didn't have time: this was a stable refugee situation. I called a meeting of the whole office and I said 'Here are the guidelines on women, and on children, and we are going to go through them. We are going to do a needs assessment in the camps, and, in a very organized way, we are going to implement these guidelines.'" Karago insisted on bringing the issue up at every meeting with government and NGOs, and, she says, "made people accountable for this issue. I followed it up. I made it clear someone was interested. I drilled it into people's heads that this *was* an issue. I had very supportive staff, and we made it work."

One initiative, which encountered considerable resistance, was Karago's plan to train women refugees to make their own sanitary towels and underwear — a skill clearly useful to any woman between the ages of 15 and 50. In Zimbabwe, as in many other operations, women refugees were not issued sanitary towels free. They also had little money.

"We did a survey in the camps

as part of our needs assessment," says Karago. "The participation rate of menstruating girls and women in schools, skills training, and other activities was falling, because they had no protection and thus could not travel far from home. What they needed was reusable cloth."

The skills-training program taught women to make their own towels — and provided a women-only forum that could address other issues and pass on other messages from UNHCR to the wider community. But after a year the funds faded, and the program died. "The women were delighted, it was useful, and we fought to keep it," says Karago, regretfully. "But these things happen."

"This sort of thing should not happen," responds Ann Howarth-Wiles. "Such activities should not be dependent on ear-marked funds. They should be considered essential."

Women bleed one week in four. This is probably news to no-one. In extreme situations, a woman refugee with an acute sense of embarrassment or culturally imposed restrictions, who is relying on a rag, may not leave her house during that time to get food or firewood, or to take her child to a clinic.

Nonetheless, few UNHCR operations have, to date, grasped the need to supply sanitary protection. Of course, many women refugees use cloths, as they would in their traditional communities. But in camps, their supplies of cloths are scarce, they may not be able to wash them in private, and help from the extended family is limited.

"Field officers on the ground have a lot of leeway," comments Janet Lim, chief of UNHCR's Emergency Preparedness and Response Section. "Any program officer can work sanitary towels into a budget, and I think no-one would question it. But because it's never done, no-one ever does it. The field staff has to be made aware of the consequences of not meeting this need — all the more so because they are not immediately obvious."

"I went once on a high-powered inter-agency mission — five men and me — to former Yugoslavia," confides Lobo. "And we went around and asked if there were any problems, and everyone said no. And I said 'Wait, let me talk to the women.' And the issues came up. No sanitary towels. No proper, private bathing space to wash. Gynecological problems. No underwear. These were things they had never said. Talking about underwear to a man — of course, they'd never said it. So we insisted that sanitary towels be put in family packs, along with underwear and other personal items. I kept insisting — 'This is routine, they have to have it.' Our male colleagues made a fuss. 'Imagine opening up a family pack and finding sanitary towels!' they said. As if it were something horrifying, something outrageous — not something completely normal."

> "Imagine opening up a family pack and finding sanitary towels!" they said — as if it were something horrifying, outrageous.

Family packs in Yugoslavia do now contain sanitary towels. But many staffers are far from satisfied with the gains made to date. "If you raise the question of sanitary towels, you get little embarrassed giggles and they trivialize the whole issue," Howarth-Wiles says. "And I keep seeing how consultant physical planners haven't addressed the issues of toilets — putting men and women side by side — or create washing areas without any private area where women can wash their cloth sanitary pads. In many ways, the message is still not getting through."

Of course, in many ways, it *is* now getting through. UNHCR is beginning to come to grips with women's issues. Progress has been spectacular in some areas — in Central America, for example. There, specifically designed micro-development projects train women in non-traditional skills like bee-keeping and threshing, to improve their access to the income-generating economy, and NGOs have been issued specific targets for women to benefit from 50 percent of wage-earning, income-generating and training opportunities — for equal pay. Where staff focus on violations of women's rights as closely as they do on other protection issues, the benefits for the refugees themselves can be immense.

"We were 11 000 refugees all together, most of us women," says Maria Eugenia, a Salvadoran who returned from Honduras at the late 1980s. "In exile, we became very united, of necessity, although we did not know each other. In every camp we had a women's committee and worked to solve the problems we faced. We had to organize to get our rights. The men received good shoes, but because we were just women we only had rubber things.

"We stated our problems and tried to find solutions. People started to learn skills. We had chicken farms and different types of workshops, making clothes and shoes. When we left Salvador we had no committees or any type of organization. Here, outside in the countryside, peasant women were ignored. We could not vote, even; we had no voice. And now, thanks to UNHCR and to our organization while we were refugees, we are being heard."

Ruth Marshall

Women often have to care for the elderly as well as their immediate family. Bosnian refugees in Split, Croatia.

Do we really care?

"We could have done more, and we could have done better. We have achieved some things. But we've still got a long way to go."

This is how Ann Howarth-Wiles, UNHCR's coordinator for refugee women, summarizes the past five years of UNHCR policy towards those who represent — together with their children — almost 80 percent of the world's refugees.

Too harsh a judgment?

The problems of refugee women are too often relegated to second-rank priority. There is always something more pressing to do than to deal with the difficulties that women, in particular, encounter in refugee situations. Often, it seems, only a crisis — such as the mass rapes of

women in ex-Yugoslavia or in Somalia — can spark action, when simple prevention could have avoided suffering.

A decade ago, UNHCR began to realize that refugee women were not benefiting fully from the protection and assistance that was their right. To evaluate and analyze the gaps in its programs for refugee women, UNHCR set up a working group, comprising mostly women of junior rank.

It soon became apparent that, without any malicious intent, UNHCR had been overlooking the specific needs of a large part of the refugee population. Refugee women were largely left out, despite the fact that they had manifestly greater needs. Many had fled alone or with just their children — their husbands either dead, fighting or prisoners of war.

"Women were never deliberately marginalized," said Howarth-Wiles. "But our information came from the leaders of refugee committees that were exclusively male. Many aspects of daily life escaped us, such as a woman's need for wood as fuel or for cooking."

UNHCR did not undertake this change alone. A large number of non-governmental organizations (NGOs) had also begun analyzing their failure to grasp issues affecting refugee women, and had come to similar conclusions. In 1988, several major NGOs held a seminar and published the first working guide for meeting the specific needs of refugee women.

Also in 1988, then Deputy High Commissioner Eugene Dewey asked the Canadian government for help. Canada, with its international reputation for development programs aimed at women, seemed best placed to assist UNHCR to effect a sea change.

Canada agreed to pay the first three years' salary for a coordinator. UNHCR would provide administrative support. In 1989, UNHCR's first Coordinator for Refugee Women was named, with the task of sensitizing staff to the particular burdens confronting refugee women — and to respond to them more effectively.

"For the first four months, I had no secretary," Howarth-Wiles recalls. "Finally, I got one — part time. That's when I realized I was going to have to fight, and that the battle was far from won, even inside the organization."

The hardest battles were yet to come. In fact, they are still raging.

Within a year, a policy on women refugees was developed and a training program had been set up, with financing from the United States and Canada. "People-oriented planning" (POP) was designed to encourage staff to perceive, and address, the needs of all refugees — men, the elderly, children and women.

> "Changing the attitude of the staff members is the heaviest challenge. Making everyone feel responsible is the main hurdle."

"A training program focused only on the needs of women would have been of little interest," explains Howarth-Wiles. "No one would have cared. Moreover, I felt my mandate was wider — that it should include all refugees, in order that our programs should be really effective."

POP has constantly changed over the years. Needs have altered, as the shift in geopolitics has led new populations of refugees to flee. Programs set up to cover the needs of refugee women in Africa did not necessarily meet the needs of refugee women in Europe — whose numbers today almost equal those in Africa.

Today, POP is UNHCR's major training program. In recent years, more than 1,000 staff members have participated in 50 courses.

In 1990, UNHCR published a general policy on refugee women, and the next year issued its Guidelines on the Protection of Refugee Women.

But progress has been slower than expected.

The main obstacle remains a lack of motivation. "Changing the attitudes of staff members toward the needs of refugee women, to improve our track record, is the heaviest challenge," notes Howarth-Wiles. "Making everyone feel responsible — and making everyone realize that this is not an isolated problem — is the main hurdle. There are some very blinkered, very male chauvinist elements within the staff, even at the highest level."

Even today, staff members will almost unanimously turn to the Senior Coordinator for Refugee Women to obtain information on women refugees in a particular situation — although their problems should be the business of every staff member.

"A program officer should have an answer to questions on the problems of women, just as he or she has answers to questions about food tonnage, number of tents, number of refugees, health, security and so on," Howarth-Wiles said. "Unfortunately, this is rarely the case."

When camps are designed and mapped out, the needs of women should be automatically integrated into planning. Much suffering could be avoided if, from the outset, all camps were designed so that the ▶

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▶ most vulnerable — single women or single mothers — are more easily protected. Many might escape the sexual violence to which they too often fall prey when they are obligated to live far from others, or to walk for miles in search of wood.

"Unfortunately, all this depends on the good sense and the good will of the staff in the field," Howarth-Wiles notes.

Where the staff are highly motivated, UNHCR programs have taken into account the specific problems of refugee women. Thus — among others — Guatemalan refugee women in Mexico, Mozambican refugee women in Malawi and Zimbabwe, Afghan women in Pakistan or returnee women in Cambodia have benefited from well-designed programs and thoughtful assistance.

In other operations, where staff have been less motivated, much less has been accomplished.

"The only tool at our disposal to sensitize the staff is a training program which is not mandatory, but optional," observes Howarth-Wiles. "Moreover, for lack of resources, we are giving fewer courses today than we once did — especially considering the increase in staff, with successive crises in former Yugoslavia, in the former Soviet Union, and in Rwanda and Burundi. And yet we have the cheapest training program in the whole organization."

In addition, there remain a number of tenacious taboos. According to a 1993 in-house evaluation of UNHCR's policy on refugee women, many staff members still feel that rape and sexual violence may be regrettable, but remain essentially inevitable incidents in refugee life.

"Within this agency, there are two opposing attitudes," says Howarth-Wiles. "There are people who believe that the organization should not interfere with refugee customs. According to this school, we are not there to change people's culture or mind-set, and we should respect the traditions of refugees, whether this means the veil, forced marriage, failure to educate girls, genital mutilation, or lack of access to family

planning. To this school, I respond that respect for human rights is also part of UNHCR's mission."

"Our work consists of aiding refugees to adapt to a new life," she continued. "When a woman flees, leaving a family in which she had been totally dependent, and finds herself alone in a foreign country, she needs help to assume her new role."

Such help should, of course, be given with care. "Of course we need restraint," says Howarth-Wiles. "We aren't here to impose anything. But we are here to propose alternatives, so that refugee women have a choice."

In Mexico, programs for Guatemalan women have been particularly successful. Critics who once worried that the future of such women would be compromised when they returned home — integrating into an environment that traditionally paid scant attention to the rights of women — have been silenced by the refugee women themselves. "They say they need no such paternalism — that it's *their* problem," says Howarth-Wiles. "It's *their* responsibility."

Attitudes inside UNHCR change slowly, but they are changing. "When I arrived at the agency, if I talked about rape in the camps, people shrugged," recalls Howarth-Wiles. "Some staff members even told me that rape never happened in refugee camps. Or, about genital mutilation, they would respond that this was a cultural issue."

Accounts of brutal rape in Bosnia, which sparked outrage worldwide, lifted many barriers. No one can now deny that such acts occurred.

On March 8, International Women's Day, UNHCR published its first guidelines for preventing and responding to sexual violence against refugees.

In Kenya, UNHCR has established a special program for refugee women who have suffered sexual violence. Several camps have been re-designed, and victims and their families can receive special medical and psychological care. The program has been tested, and could be reproduced in almost any camp, anywhere. It remains, however, an exception.

Genital mutilation has long been a taboo. "When I brought it up, people would tell me it was too delicate an issue," notes Howarth-Wiles. Meanwhile, UNICEF and the World Health Organization took a strong stand against the practice, and today UNHCR has set up an education program in a camp for Somali refugees in northern Ethiopia to discourage mutilation. The pilot program is aimed at religious leaders, midwives and health care professionals and could be reproduced elsewhere. So far, it too is an exception.

Much remains to be done and UNHCR is far from its goal of covering all the needs of refugee women. To be sure, the goal is not an easy one. In crisis situations, with refugees arriving in conditions of dramatic suffering, the obstacles are numerous and field staff are often reduced to doing the best they can with what little they've got — in terms of staff and funding.

But it is also a fact that most women refugees live in more stable conditions. And many of them need much more attention.

Christiane Berthiaume

***Above:** Somali refugees in Hagadera camp, Kenya, attend a workshop, forming part of the Women Victims of Violence Project.*

***Left:** Somali refugee women from Ifo camp, Kenya. Women are particularly vulnerable to sexual assault when they go out in search of firewood.*

Foster families

Sperantia Nyirantibenda vividly recalls the night she was unceremoniously turned into a foster parent by soldiers who brought her five children and two sacks of maize.

They came knocking at her door in the town of Gitarama as the civil war in Rwanda was winding down. Nyirantibenda, a 34-year-old school teacher, nervously opened the door and immediately recognized the smiling faces before her.

Weeks before, the soldiers had asked her to care for two women they had rescued from a mass grave. The women had been dumped in the grave after being assaulted by militiamen and given up for dead.

"I have brought you children," one of the soldiers told Nyirantibenda this time. "I will see you later." The maize the soldiers left behind did not last very long, and they never came back.

Nyirantibenda is still caring for the children. She says she will gladly keep them so long as she receives some assistance.

Food for the Hungry International (FHI), a U.S.-based voluntary organization supported by the U.N. High Commissioner for Refugees, has come in to help the school teacher, providing regular food rations and health care for the children. They are among over 7,000 people benefiting from a program to help orphans and lost youngsters living with foster parents and other selected adults in the community at large, instead of in orphanages and similar institutions.

FHI originally began the program to help children separated from their families at Mugunga camp, near Goma in eastern Zaire, one month after more than a million Rwandese refugees flooded into Goma in July 1994, fleeing victorious troops of the Rwandese Patriotic Front.

The three-month civil war, triggered by a plane crash that killed the presidents of Rwanda and Burundi on 6 April 1994, forced over half of Rwanda's 7.3 million population from their homes. At least 500,000 people died in a genocide aimed at the Tutsi minority.

An estimated 95,000 children were separated from their families during the war. Nearly half of them were inside Rwanda and the rest were in refugee camps in Zaire, Tanzania, Burundi and Uganda, which together hold more than 2.1 million refugees.

At the outset of the refugee influx into Goma, conditions in the camps were appalling. Thousands of refugees were dying every day of cholera, dysentery and other diseases. Youngsters were being picked up beside bodies lying along the roads. Starving parents were abandoning their children or sending them to centers for unaccompanied minors in the camps.

Rachel Poulton, an FHI nurse, said that during a visit to a tent for separated children, a 5-year-old girl followed her and asked for help. She said her parents were dead. The girl kept glancing over her shoulder at a woman who Poulton subsequently

Unaccompanied Rwandese refugee children at Munigi camp, near Goma, Zaire.

in Rwanda

discovered was her mother. The woman later told Poulton she could no longer feed her daughter.

Poulton said that, over a four-day period, 184 children arrived at the tent and 16 others were brought by elders. "There were also a lot of people fostering — mostly grandmothers and aunts. And there were sibling groups," she said. She said that a system was developed whereby FHI supported groups of unaccompanied children.

"The challenge was to support these children in the community rather than in institutions. This shows another way of caring," Poulton said. She said she prefered to see children grow up in a family setting rather than in orphanages.

In Gitarama, FHI supports families which have taken in orphans and lost children, as well as unaccompanied minors who have formed into groups to live together, and women like Nyirantibenda. They receive blankets and shelter materials and a regular supply of corn, beans and oil from FHI.

Some relief agencies are not only supporting various programs for unaccompanied minors, but are also pooling resources to help track missing relatives. Among them are the United Nations Children's Fund, the International Committee of the Red Cross and Save the Children Fund. As of March, over 7,000 children had been reunited with their families.

A large number of unaccompanied minors turn up in orphanages such as the red-brick compound of Saint Andrew's church at Kabgayi in Gitarama. Three months after it was set up by Aboriginal Life International — an organization of former Rwandese exiles from Uganda — the orphanage was teeming with 530 children. The youngsters were either brought to the institution or fetched by workers who had been informed of their location.

"Soldiers would come to us to tell us where we could find the children and we would go and pick them up," said an official. He said he himself had packed in his car 30 children he had picked up from nearby Kibuye prefecture where camps for displaced people had been closed. "We get groups of 60, 70 children," he said.

While attention is focused on orphanages and centers for unaccompanied minors, in fact a greater proportion of the children — about 60 percent — are with foster families or ad hoc groups. These are the ones that FHI and similar organizations are targeting for assistance.

"These separated children in the communities need food. They need someone to give them stability. They need someone they can turn to," said Myra Adamson. A 65-year-old nurse, born in South Africa to American missionary parents, Adamson regularly visits care givers and foster parents living in bombed-out houses and shops in Gitarama. "The family would be destroyed if the children were brought to orphanages," she said.

FERNANDO DEL MUNDO

Many separated youngsters live with foster families in Rwanda's communes.

Strategy for survival

Ngân arrived in Canada in 1982 with her two young sons. Along with her parents, sister, nieces and nephews, she emigrated directly from Viet Nam under the Orderly Departure Program. This program, based on a 1979 agreement between UNHCR and the Socialist Republic of Viet Nam, was an attempt to stem dangerous departures by sea. All of Ngân's group were sponsored by her brother, who had arrived as a student in Canada prior to the fall of Saigon in 1975.

In 1975, Ngân was 23 years old, a final-year law student at Saigon University. Her cherished hope was to obtain a scholarship for postgraduate studies in commercial law in Australia. Though married with a baby boy, this did not interfere too much with her studies. She was cushioned by a supportive family and assisted by domestic help. Ngân was young and had plenty of time to fulfil her hopes and aspirations to make a good life for herself and her family.

Like all newcomers to Canada, refugees are immediately confronted with different customs, weather, language and food.

During the seven years between the communist takeover of South Viet Nam and Ngân's arrival in Canada, her comfortable middle class existence turned into what she describes as the most unbearable period of her life. Prevented from completing her studies, Ngân was forced to attend indoctrination meetings where she was subjected to intense criticism because she was a "city person." Her mother, who had previously worked for the government, was fired, and her father's business was forced to close. Ngân and others like her were sent to do manual labor digging irrigation canals. Her husband, who had served with the South Vietnamese Army, was sent to a re-education camp.

"The uncertainties of not knowing when I would see my husband, the worsening economy and having my studies cut off made me feel completely hopeless," she recalled. Even after the release of her husband a few years later, hardship exacted a heavy toll. The couple divorced in 1979.

Like all newcomers to Canada, refugees are immediately confronted with different customs, weather, language and food. Immigrants, however, have a head start over refugees in the integration process. No matter how narrow the range of choices, immigrants are in control of their destinies and they exercise this by choosing to leave their homelands. For refugees, the elements of control and choice are completely absent.

According to Ngân, "the most difficult part for me was to regain a sense of self-esteem and control over my life." Being single with two young children in an alien environment required a survival strategy. But for that strategy to work, Ngân had to draw on resources deep within herself and outside just to cope with the new challenges of rebuilding a life for her family.

Ngân's personal experiences in many ways mirror the recent findings of a 10-year study of the resettlement of South East Asian refugees in Canada. The study represents a collective portrait of struggle and achievement. Headed by Dr. Morton Beiser of the Clarke Institute of Psychiatry and the University of Toronto, the study tracked more than 1,800 persons from Viet Nam, Laos and Cambodia admitted to Canada between 1979

and 1981. (By the end of 1994, Canada had resettled over 195,000 South East Asian refugees, 59,000 through the Orderly Departure Program.)

The study shattered many preconceptions. Popular opinion and scientific theory, for example, suggested that the refugees' experiences of trauma, violence and loss would put their mental health at risk, particularly in their attempts to adapt to a profoundly different environment. But contrary to expectations, only a small number developed mental health problems. While there is no doubt that the refugees faced a multiplicity of stresses — language problems, finding a job, and understanding new social norms — the study demonstrates that the presence of family, the availability of a like-ethnic community, and ability to focus on the present, temper the stresses and help to promote successful integration.

Ngân's entire family was accommodated in her brother's small home in Ottawa. The close-knit family provided an important buffer against all that was cold, strange and unfamiliar. When describing her first couple of years, it was clear that Ngân was still in a survival mode. The new life meant understanding and mastering an endless list of do's and don'ts, the how to's and where to's. The enigmatic workings of Canadian institutions were intimidating. Schools, hospitals and public transport systems were among some of the hurdles that Ngân had to overcome one step at a time.

She recounted a particularly painful experience when, shortly after her arrival, she was called to a meeting with the principal of her son's school. Her youngest son had disrupted a class by crying. The apparent cause of his distress was not knowing how to say that he needed to use the washroom. The principal admonished Ngân to try and speak only English at home. It was an ▶

Community networks help refugees adapt: an annual traditional ceremony imported from Viet Nam to Montreal.

Resettled Vietnamese refugees attend language classes and are taken on outings designed to familiarize them with life in Canada.

▶ absurd request, but what stunned Ngân was the implied criticism of her as a mother. Since that experience, Ngân has made great efforts to acquaint herself with the educational system and is today actively involved in various activities at the Ottawa Board of Education.

"I have always had one goal in mind, and that is to overcome every challenge that comes my way, no matter how constant," she says. This steely determination is one source of personal strength that has guided Ngân since her days in Viet Nam. Another was her resolve to let go of her past.

Contrary to popular perceptions, South East Asian refugees are not a homogeneous group. When the refugees first arrived, many of Canada's principal cities could boast pre-existing established Chinese communities. None, however, had Laotian, Cambodian or Vietnamese communities of significant size. Initially, the ethnic Chinese refugees had a mental health advantage over the non-Chinese. Most probably, the symbols of community, the oasis of historical continuity, in an otherwise foreign landscape, helped the Chinese adapt more quickly than the non-Chinese. Over time, as new communities became more established, the initial Chinese advantage faded.

High rates of unemployment were a problem during the early years of resettlement. During the early 1980s, economic recession forced many people who might otherwise have been unavailable for employment — for example, mothers with young children — to enter the labor market. Unemployment rates for women were particularly high. The end of the study, 1991-92, paints a happier picture. In 1991, Canada's national unemployment level was over 10 percent. At that time, only 8 percent of the refugees were out of work.

Ngân was fortunate on the employment front. She juggled family care, English courses and odd jobs as waitress, cashier, office assistant. With no husband to share the many burdens, especially in caring for the children, Ngân said she had few options. "I had no choice but to over-

extend myself, to raise my sons and set strong examples," she said.

Today, one son is in his second year of university, studying engineering. The other is completing high school. She is very proud of both.

By 1985, Ngân's vision of her future was no longer limited by immediate concerns. Her children were settled in school and the security of routine had been established. Still, throughout the process of integration, there were many moments when, in her words, "reality bites hard." She recalls periods of depression and intense self-doubt. She was in a dead-end job, and going back to school was ruled out as too expensive. Ngân admits going through bouts of self-pity, but she refused to wallow in such self-sabotaging moods. "I am a problem-solver," she states, adding that "self-pity does nothing for your self-esteem."

Her big break came in 1986, nearly five years after her arrival. She applied for a position in a big Canadian bank and was immediately offered the job. Today, she has successfully advanced through a succession of promotions at the same bank. She still holds the dream of one day completing her studies.

use medical care at about the same rate as other Canadians, and that in a given year, only 4.5 percent resort to social assistance compared with 7 percent of all Canadians.

In this respect, Ngân recounts how, shortly after their arrival to Canada, her brother informed them that under no account could they use social welfare. His sponsorship commitment entailed that he cover all financial costs for a period of 10 years. They were used to hardships and sacrifices. They managed to live up to this commitment. Many other refugees have managed similar undertakings.

The Gallup Poll also revealed that only 34 percent of Canadians felt that the refugees were interested in giving something back to Canada. But in contrast with popular opinion, the study results found that:

- 99 percent of the former refugees have become Canadian citizens;
- 95 percent feel that Canada is now their home;
- most refugees feel that job satisfaction depends to a great extent on feeling that, through work, one is contributing to Canada.

Public knowledge of refugee issues is only as good as the last

knows" that the South East Asian refugees were the most successful group of refugees in Canada's history, that could not be taken as evidence about other refugee groups. Dr. Beiser responded that, although there were no comparable research data about other refugees in Canada, he could see no *a priori* reason to believe that the South East Asians had been that much more successful than the Ugandans, Hungarians or Jewish emigrés who had preceded them. He also pointed to an irony: the media seem to have little problem generalizing from one refugee who gets into trouble to refugees as a whole. It is good news that seems to create caution. Generalizations of either kind require caution.

Ngân dismisses such forms of media stereotyping. She strongly believes in fitting into mainstream Canadian society. She feels that others should also make that effort. One way she does this is by avidly following issues of Canadian interest and discussing these with her friends and colleagues.

When asked whether she has ever felt torn between two cultures, Ngân answers "no." She adds that it is important to recognize that "certain values in your home country may not be relevant here." And she concedes that older people have more difficulties in letting go of their traditional values and sometimes cling to old taboos and social stigma. Fortunately, her status as a divorced woman has never been a major obstacle for her in Canada. This, despite the fact that her parents still strongly frown upon her divorcee status.

According to the 10-year study, by the time the last interview was conducted in 1993, the former refugees had become more satisfied with their lives. Forty percent reported no worries compared to 12 percent during the 1981 interviews. Asked how they felt about various aspects of their lives, such as material comfort, family life, social life and spiritual life, almost all respondents expressed satisfaction.

Nanda na Champassak

> Only 4.5 percent of South East Asian refugees resort to social assistance compared to 7 percent of all Canadians.

Prior to the public release of findings from his 10-year study, Dr. Beiser collaborated with the Gallup organization on a survey to assess current opinions about the South East Asian refugees. According to the survey results, 47 percent of Canadians felt that "accepting South East Asian refugees has cost Canadian taxpayers too much money." In fact, in addition to their high rates of employment, Dr. Beiser found that refugees

media headline, and media headlines are usually about bad news. Prior to a television interview about his study, Dr. Beiser recalls the interviewer saying, "I am actually surprised that I am covering this story; we usually like plane crashes better than plane landings."

In another telling example, Dr. Beiser relates his experience at a radio call-in show. The radio host told him that although "everybody

Spacing children,

Food, shelter, latrines, clean water, and medicine are all essential services at any refugee camp. For Lumasi, a Rwandese refugee camp in Tanzania, add reproductive health care to the list.

The International Rescue Committee's reproductive health program in Lumasi marks the first time that UNHCR, with IRC as its implementing partner, has introduced such an extensive reproductive health program, separate from other health services, into a refugee camp so early. Usually, most reproductive health services are incorporated into general health services after the emergency phase has ended.

"Family planning, STD [sexually transmitted diseases] and AIDS education and services are usually low on the health totem pole in refugee camp settings," said Ruth Strasser, IRC's medical coordinator in Tanzania.

Perhaps even more unusually, the refugees themselves were the main catalyst behind the introduction of the reproductive health services in Lumasi.

"Before the IRC reproductive health program started, I was asking, and so were many other refugees, when is the family planning program going to start? Because, to us, it just seemed natural to have these services available," said Verena, a 31-year-old Rwandese midwife who works in IRC's maternity antenatal clinic. Rwanda had a fairly extensive family planning program, called ONAPO.

Verena, who asked that her last name not be used, says that she was working at a general health clinic in one of the Ngara camps, but joined IRC's program as soon as she heard about it.

"We are refugees... but our lives have continued, and in this way our need for family planning services is just a continuation of our family planning needs in Rwanda," said Verena.

IRC's reproductive health program began with the training of 50 AIDS community educators (ACEs) and five ACE supervisors at the end of September. The first maternity antenatal clinic opened in October. Since then, IRC has built two antenatal outreach clinics in Lumasi, and held over 30,000 individual and group consultations on AIDS, sexually transmitted diseases, and family planning issues. The clinical and educational components of IRC's reproductive health program work hand-in-hand. The ACEs go out into the community providing information on AIDS, sexually transmitted diseases, contraception and child spacing, and at the same time refer certain cases to IRC's clinics. The clinics, in turn, offer confidential counseling and treatment in a less threatening environment than a general camp clinic, and in addition provide educational sessions, child immunization, and a supplementary food distribution to pregnant and lactating women.

"Before, if someone had a problem... like an STD, they had to go to the general clinic, and wait in line a long time," explained Verena. "Then after waiting a long time, they were just quickly seen and no one ever noticed if they came back.

"Here, the time is taken to get the full story, explain the problem and treatment, and then provide good follow-up," she said.

Emilieu Ngerageze, 29, and Didace Nkulikiyumukiza, 29, two AIDS community educators, agree that it is important to have the right kind of forum to discuss these issues.

"The community knows who the ACEs are, and what their responsibility is, so people understand that everything they tell us (as ACEs) will be confidential," said Emilieu, who was a student in Rwanda before fleeing. "There is a certain trust there."

Didace agrees that having a program like ACE makes it easier to get these issues out in the open, and easier for people to seek help.

"If a community member has a problem, it is easier for them to approach an ACE — someone they are familiar with," Didace explained. "In this way, ACEs are an important link to the whole community."

And both agreed that these issues need to be discussed, especially in a refugee camp setting.

"The way we live here in Lumasi is very different than in Rwanda," Didace explained. "Here we are very compact, very close together, so the problems of spreadable diseases, such as AIDS and STDs, are magnified," he said.

He cited the use of razor blades as an example. "Many men in the camps share razor blades for shaving, because there aren't very many to go around in the camps. When discussing how AIDS is transmitted, we have to remind people that sharing razor blades is one possible way of transmission, something that wouldn't normally be brought up in an AIDS education program."

He added that in Rwanda, hospitals were easily accessible and many services were available, whereas in Lumasi there are fewer services, so it's important to tell people about preventive measures.

> "Here we are very compact, very close together, so the problems of spreadable diseases, such as AIDS, are magnified."

preventing AIDS

With prevention in mind, the ACF program is branching out into the Lumasi schools. After receiving the go-ahead from teachers at Lumasi's 10 primary schools, IRC, in conjunction with UNESCO and the Norwegian People's Aid (NPA), planned to sponsor a three-day training seminar on AIDS education for primary school teachers at the end of April.

"It's important to make people aware that AIDS is an infectious disease that anyone can contract," said Brenda Clause, who runs the ACF program. "Education is important, not only for students, but also for parents, families and teachers."

The training, which will include the introduction of an AIDS curriculum translated and adapted from the Tanzanian Ministry of Culture and Tanzanian Red Cross (TRC) curriculum, will cover 4th, 5th and 6th grade levels.

ACFs also discuss issues related to child spacing and contraception, topics that can be quite sensitive in the setting of a refugee camp.

"At first, the community asked many questions about family planning issues, because many wanted to have children to replace the children they had lost in Rwanda," Emilieu said.

Both Emilieu and Didace remarked that the potential food shortage, caused by serious funding shortfalls, had also sparked many discussions on pregnancy prevention.

Verena says that most people come to the clinic for contraception, although there are a few cases who come because they wish to have children.

"A woman came recently and asked to have her Norplant [an intra-uterine device] removed. With the war, they have lost their children and want to conceive again," she said.

Conception is the point where the traditional birth attendants enter into

IRC's reproductive health program.

Traditional birth attendants, or TBAs, make home visits to provide antenatal and postnatal care, and assist in deliveries in the home. It is estimated that roughly 80 percent of deliveries in Lumasi are in the home, with only first-time deliveries or complications being dealt with at the clinic.

Many of the TBAs already had experience in their communities in Rwanda. However, with many new challenges facing them in Lumasi, they have upgraded their skills through IRC's training program.

"It is difficult in the camps," said TBA Eugenie Mukamazimpaka, 36. "We don't have the resources to offer them here, like food, clothing, blankets. In Rwanda, we had much more to give them."

Also, in Rwanda, everyone in the community knew their traditional birth attendants. If there was a problem, they knew where to find them. In the camps, the TBAs have to be much more proactive. Each day they go house-to-house, offering services and information to women, as well as providing counseling and referrals if necessary.

"The TBAs see things from a different angle," said Ruth Ketyenya, 39, a midwife who runs the TBA program. "They understand more because they have a holistic view."

And holistic is what IRC's reproductive health program tries to be, integrating general health education and preventive services with family planning, child spacing, antenatal/postnatal care, and sexually transmitted diseases and AIDS education and treatment. IRC's health information technicians (HITs), who provide health education to individuals and groups on a variety of public health issues, also have a role to play, referring certain cases to the clinic, or pointing AIDS community educators towards certain people in the community.

"[IRC's reproductive health services] fit in with the health program in general," explains Didace. "Plus for me, when I was in Rwanda, I didn't know how to explain about STDs or AIDS. Now, I can tell my friends and family about these issues and it makes them healthier people."

Both Didace and Emilieu agreed that this type of program should be continued in Rwanda.

"The same problems exist there," said Didace. "This program should not end in Lumasi, and the good thing is, now we have the knowledge and skills to bring it back."

Heather Courtney
International Rescue Committee, Tanzania

Two steps forward, one step back

By the late 1980s, some 6 million Afghan refugees had fled as a result of the Soviet occupation of their homeland. Of these, 3 million, mostly from eastern Afghan provinces, went to Pakistan. Another 3 million, mainly from western provinces, fled to the Islamic Republic of Iran. By March 1995, around half had returned home, including large numbers of women.

When they return home, Afghan refugee women continue to benefit from health training received in Pakistan.

Many refugee women returning to their devastated country after up to 16 years in Pakistan and Iran need both the means to become self-reliant — usually in the form of income-generating skills — and the opportunity to exercise those skills. But the great majority of Afghan women refugees came from, and are returning to, conservative rural areas, where opposition to the idea of women earning a living is perhaps as strongly entrenched as anywhere in the world.

"For years I thought that I only have to prove myself as a leader of Afghan women and as a good writer," says Safia Siddiqui, manager of a sewing project run by the Danish Committee for Assistance to Afghanistan, (DACAAR) in Peshawar, at the Pakistan end of the Khyber Pass, through which most Afghan refugees arrived after the Soviet invasion of Afghanistan in 1979. "I could not imagine that I would change my mind and devote my life to another cause — that of making Afghan refugee women self-reliant."

When UNHCR and other agencies first began operating programs for Afghan refugees, the idea of singling out refugee women for special training, which would continue to

benefit them upon eventual repatriation, was still in its infancy. According to Else Berglund, a social services officer in UNHCR's Peshawar sub-office, much has changed since then. "In the beginning there were lots of funds which were spent without the idea of sustainability. Now, we have realized this and started many income-generating and self-reliance projects."

In Iran, which received about a quarter of the international assistance given to Pakistan, the situation was very different. Whereas the majority of the refugees in Pakistan were placed in refugee camps administered by the Government of Pakistan in cooperation with a multitude of local and international agencies, in Iran less than 10 percent of the Afghan refugees lived in camps.

According to Stephanie Aquino, a UNHCR field officer in the western Afghan city of Herat, close to the Iranian border, the refugees in Iran were therefore forced to be more self-reliant. In addition, women refugees living in urban areas were exposed to greater opportunities and faced less disapproval than they had back home in their villages in Afghanistan. They also belonged in the main to different ethnic groups from the refugees in Pakistan (who were predominantly rural Pashtuns — traditionally the most conservative of all the various Afghan social groups).

As a result, many Afghan women in Iran enrolled in vocational courses. One of the most popular of these taught them how to make Iranian-style *gillims* (cotton carpets), a skill which some of them have subsequently turned into enterprises upon returning to Afghanistan.

But in Pakistan the early years created a culture of dependency among refugees. Afghan women were for the most part confined to camps, where their attention was mainly focused on caring for their families in an alien and claustrophobic environment. Nancy Dupree, a well-known scholar of Afghan affairs based in Peshawar, has written about the "acute psychological distress" suffered by women unaccustomed to the lack of private space anywhere in camps.

To add to their pressures, women have faced enormous cultural and political obstacles to becoming self-reliant. "It has been difficult to take men into confidence and to work with men," explains Berglund. "But attitudes do change with time." Working with illiterate female refugees was particularly difficult, remembers Safia Siddiqui, because at first they did not receive permission from their menfolk to participate in programs. "The men would say 'you are spoiling our females.'"

The determination to build something meaningful from the ruins of their lives has characterized the struggle of many Afghan women. Rahila was a refugee in Pakistan for eight years. With her husband jobless and the family dependent on food assistance, she joined an International Rescue Committee (IRC) training program for teachers. Soon she was teaching classes 1-5 at the crowded Nasir Bagh camp outside Peshawar. "I learned how to teach my students well," she recalls with pride, "and what materials should be used to help them learn easily."

> To begin with, the men would say "You are spoiling our females."

Rahila, who has returned with her family to Jalalabad, is no longer allowed to work by her husband now that he is earning an income through his own trading business. He also argues that the "situation is not good" for her to work. Frustrated and saddened by this attitude, she confines her skills to tutoring her own three children at home.

Hava Majeed, chief female education officer at the Swedish Committee for Afghanistan (SCA), sees literacy as a vital factor in long-term development efforts. "If you are illiterate and you need to go to the clinic, you will need people's help, but if you attend literacy courses, you can help yourself."

Similarly, other newly acquired skills such as knitting or tailoring enable some women to work for money and support whole families — even when the support is not always openly appreciated by men.

A major achievement of UNHCR, the provincial government and NGOs in the refugee camps was the establishment of Basic Health Units (BHUs) which include outreach male and female health workers as well as trained birth attendants. According to one IRC fertility survey among married women in selected camps in 1987, patterns of marital age-specific fertility suggested that the average married woman was likely to have as many as 13.6 children. Back in Afghanistan, this alarming ▶

The Difficulty of Educating Leyla

Of the more than 70,000 Afghan children currently receiving UNHCR-funded education in Pakistan's North West Frontier Province, over 90 percent are boys.

This striking disparity has been sharply criticized by some observers, who accuse UNHCR — along with other organizations — of failing to uphold the human rights standards of the United Nations. UNHCR staff respond that in the face of overwhelming cultural obstacles, they are doing the best they can.

"The Afghan girls represent the extreme end of the spectrum," says UNHCR Senior Education Officer Margaret Sinclair, who was based in Pakistan for several years. "In Africa, for example, 40 percent of children receiving primary education are girls. But almost all the refugees in Pakistan were rural Pushtuns from eastern Afghanistan, the most conservative of the Afghan social and ethnic groups."

Rural Pushtun girls are often betrothed, and segregated from males outside the family, at the age of eight or nine. As they approach puberty, they stay increasingly within high-walled family compounds. Schooling for older girls is perceived as a threat to the all-important family honor. It is also stigmatized through association with the former communist regime in Afghanistan, which actively (and quite successfully) promoted education for girls.

If any attempt to educate Afghan girls is to succeed, the teachers must be Pushtun-speaking women. A number of NGOs managed to recruit suitable Afghan women —but immediately ran into another cultural brick wall. Educated Afghan women tended to live in cities, whereas many refugee camps are extremely remote. Women teachers who stayed away overnight were often threatened.

Such threats were aimed not only at teachers but also at women involved in income-generation projects and other forms of vocational training run by NGOs. One woman received a series of threats, including an envelope containing bullets destined — according to an accompanying letter — for the men in her family if she persisted in her dishonorable ways. A handicraft center was burned down after a group of refugee women were seen receiving a donation there. In Peshawar, posters regularly appeared threatening Afghan women who worked for Western aid agencies.

Among the refugees, the contrast between urban and rural culture was stark: a much higher proportion of the Kabul residents, who began ariving in late 1992, sent their daughters to school than among the earlier, mainly rural caseload, "We did less for the urban girls than for the rural ones," says Sinclair. "Yet with the urban children we got 50-50 male-female attendance."

In the struggle to educate Afghan girls, some approaches have worked better than others. For example, men often allow their wives and daughters to receive training in "female skills." Courses in embroidery and tailoring have frequently been oversubscribed. However, one such course ran into trouble when a mullah walked in and saw a blackboard with numbers on it (the instructor had been explaining how to use a tape-measure). Married couples have been recruited for overnight stays in remote areas. Some religious leaders have begun literacy courses for women. "Over a period of time," says Sinclair, "the culture has softened as people see that you don't suffer if your eight-year-old daughter went to school or your wife took an embroidery course."

Margaret Sinclair rejects the accusation that not enough was done in Pakistan. "We provided all-girls schools with female teachers. We provided free uniforms, shawls and school books. We accepted smaller class sizes for girls schools than for boys." In addition, Sinclair believes that women's literacy programs will help stimulate education for future generations of Afghan girls. "In fact," she adds, "UNHCR did everything except point a gun at the refugees' heads and say 'Send your daughters to school.'"

Rupert Colville

▶ figure was matched with some of the highest maternal mortality rates in the world.

Jamila, who lived in a refugee camp outside Hangu, in Pakistan's North-West Frontier Province, recalls that a Health Education course she took at IRC was "the most important and useful experience in my life." She had lost her first job when the NGO that employed her was shut down because the camp mullahs, or religious leaders, declared its main purpose was to convert people to Christianity.

Once she had completed her health training, Jamila made home visits to vaccinate women and children, and to encourage mothers and traditional birth attendants to pay attention to safe practices during pregnancy and delivery.

"My family supported me, my friends and the camp authority admired me, and my husband would look after my daughters while I was on duty," she recalls with some nostalgia. Despite her subsequent work experience with other NGOs in income-generation and mine-awareness projects in Jalalabad, she believes that health education is the most important issue facing her people as they re-build their lives within Afghanistan. The skills she acquired during her health training, she says, are still useful in her daily life at home.

Jamila is not alone in continuing to act on medical training she received while a refugee. IRC's mobile teams inside Afghanistan recently reported that mothers were maintaining their children's immunization records first received in camp clinics in Pakistan.

In 1994, while 100,000 Afghan refugees repatriated from Pakistan — taking the total since the fall of the Najibullah government in April 1992 to around 1.6 million returnees — at least 84,000 new refugees fled the fighting in Kabul and entered Pakistan.

In Nasir Bagh camp, where new sets of mud houses are being built on land that had been levelled for cultivation after the first refugees de-

Some graduates of carpet-making courses for Afghan women in Iran have now set up their own businesses back home.

parted, the Swedish NGO, Radda Barnen, runs a Training Unit. The Unit produces social "animators," who are trained to help people help themselves and encourage active participation in projects. RBTU teams say they have successfully overcome hostility among refugees who initially resented their refusal to impart direct relief assistance.

Dependency is less apparent among these new refugees, probably because urban Afghans — including the women — tend to possess skills that can be more readily utilized in camp life. For example, Huma was a kindergarten teacher in Kabul before landing up in Nasir Bagh. After her arrival, she collected children in the camp herself and started a voluntary school which has now been handed over to IRC. A training center for midwives has also been set up by the widow of a colonel killed during the war.

After the closure of Pakistan's border to new refugees in January 1994, a wave of internally displaced people from Kabul descended on the eastern Afghan city of Jalalabad. Camps were hastily established by UNHCR, ICRC and assisting NGOs in the surrounding desolate area. By the end of the year, these camps already contained 300,000 displaced people, with perhaps another 200,000 living among the local population.

From the start, UNHCR and the other agencies operating in Jalalabad made use of the displaced Kabulis' existing skills. Training also began at an early stage, showing that the historical lesson has been well learned. For example, Save the Children Fund (UK) set up a training program that pays newly trained midwives, or *dais*, to train subsequent batches of trainees in an on-going process run by Afghan women themselves.

Uzra is a midwife trainer current- ▶

▶ly working with Médecins Sans Frontières (MSF-Holland) in Sar Shahi, the biggest of the Jalalabad camps. She was originally trained in primary health care by the World Health Organization while still a refugee in Pakistan. In 1993 she returned to Kabul, but found herself unable to work because rockets, sniper-fire and aerial bombardment made it too dangerous to leave the house. When her home was destroyed, she and her family were displaced once again, this time ending up in Sar Shahi camp where MSF quickly offered her a job.

Uzra feels she is likely to face more obstacles to her continuing work outside of the camp. She says if she were to return to her native Laghman province, "people would gossip and it would be difficult to do a job."

Some observers caution that women's mobility in the public sphere — always restricted in this segregated society — has become more so since the end of communism and the rise of a dominant conservative rhetoric among the warring political groups.

However, despite the undoubted difficulties facing returnee women, like Rahila and Jamila, who would like to continue working but cannot, stories circulate of other returnee women who have set up carpet-weaving enterprises, private schools, and self-help organizations within their own communities.

Back in Peshawar, Safia Siddiqui feels that not only development programs, but attitudes have come a long way. "The best lesson I have learned in development is to convert the impossible into the possible." She is optimistic that some valuable social lessons have been learned as well. "Those men who opposed us ten years ago in the camps are now very cooperative and ask us for work."

Whether those lessons and attitudes will survive the return to Afghanistan remains to be seen.

Ayesha Khan

A hospital for Afghan women in Pakistan.

UNHCR - A. Hollmann

Outside, looking in

Five years ago, Terry Morel got a revealing look at how Guatemalan women were traditionally kept on the outside looking in.

Morel, UNHCR's focal point for women and children refugees in Mexico's southern Chiapas state, recalled a 1990 meeting on income-generating projects for refugees sponsored by UNHCR and the Mexican Commission for Aid to Refugees (COMAR).

"We were meeting in the school of one refugee camp, a small bamboo shelter," Morel said. "About half an hour into the meeting, I realized that all the women in the camp were standing outside the building looking in at us through the bamboo walls. They were trying to understand what was happening. But they did not dare to enter, nor to participate. Nobody invited them either. I realized then that we could not afford to exclude half the refugee labor force from these projects."

After generations of living on the fringes, Guatemalan women are finally standing up for their rights. And in the forefront are refugee women who benefitted from UNHCR-sponsored education and training programs covering all aspects of human and gender rights.

"Back in Guatemala, we didn't even know we had any rights because we had no education. We were ignorant," said Aura Suchite de Rosa, a 23-year-old refugee living in a small camp in Campeche, another of the three southern Mexican states hosting refugees.

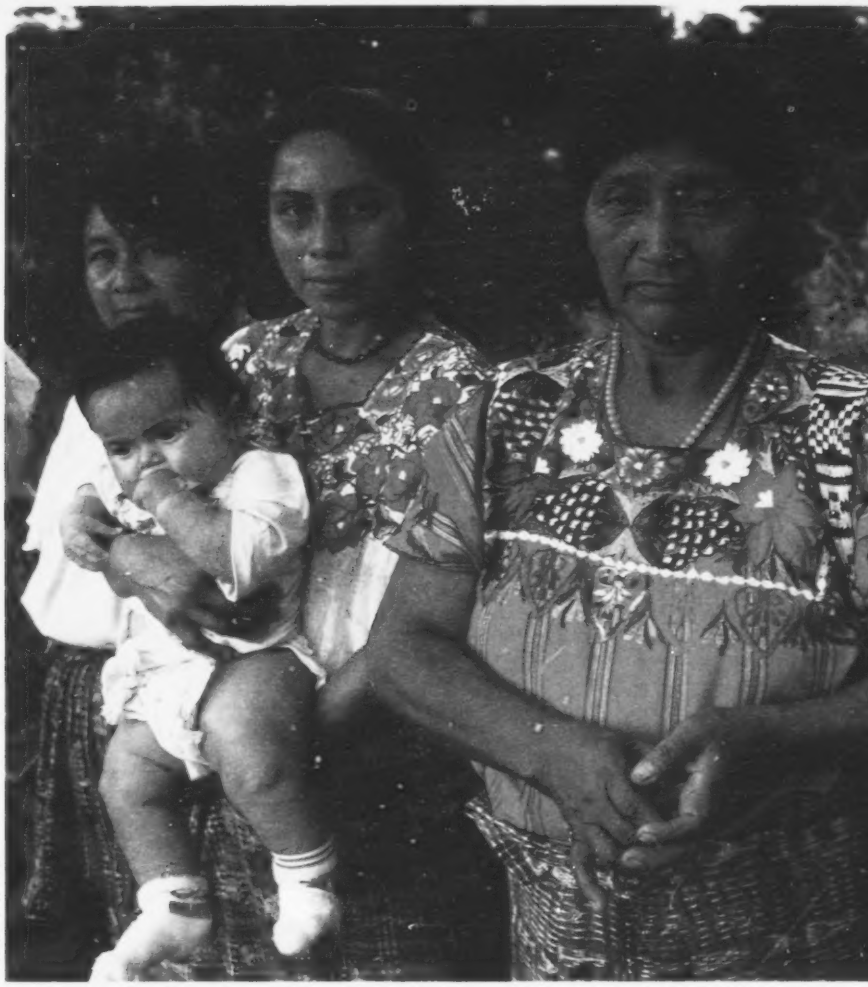
Suchite de Rosa is one of the new generation of Guatemalan women, confident that they can make a difference when they go home. She knows she is fortunate to have received at least some education, unlike many of the older women in her camp who can barely talk when approached by strangers. They smile nervously and hide their faces. They think they are too old to learn to speak Spanish, or if they do speak Spanish, too old to learn to write it and read it. They think their place is in the kitchen, beside their wood stoves.

How can they help it? Guatemalan refugee women are carrying the heavy burden of an ancient tradition of discrimination. Before fleeing to Mexico in the 1980s, these indigenous women thought it was normal to be kidnapped by men who wanted to marry them; to be beaten if meals were not prepared on time; to give their own food to the males in the family; to be pulled out of school at an early age so they could take care of their younger siblings; to ignore their own health while nursing their large families.

> To begin with, Guatemalan refugee women thought it was normal to be kidnapped and beaten.

In UNHCR's early years in Mexico, the problems of Guatemalan refugee women were not so obvious for the simple reason that they refused to talk about personal matters. Now, 12 years later, they have only just begun to share the pain they experienced, including sexual abuse at the hands of the military.

Refugee settlements in the states of Quintana Roo and Campeche were designed as small, self-contained villages with their own schools, clinics and other necessities. ▶



Refugee women after their return from Mexico to Playa Grande in Guatemala.

UNHCR / T. Brown

▶ But in remote, mountainous Chiapas, there are some 120 camps and spontaneous settlements scattered along the Mexican-Guatemalan border. Some of them are very difficult to reach. The refugees come from six different ethnic groups, each with its own language. Most of the women in the Chiapas camps, unlike the men, never learned to speak Spanish. COMAR and UNHCR designed income-generating projects for the women. But it was not easy to get them involved — they lacked the confidence to take on a business.

Then, four factors coincided to boost the gender focus approach.

- First, the International Conference on Central American Refugees (CIREFCA) established a framework for cooperation with NGOs.
- Second, CIAM, a Central American NGO specializing in women's issues, arrived in Chiapas and helped focus attention on the problem.
- Third, UNHCR Mexico began an in-depth evaluation of the problems faced by Guatemalan women refugees in preparation for the first regional forum on refugee and repatriated women (FOREFEM) in Guatemala in 1992. The resulting guidelines were later incorporated in the CIREFCA approach.
- Fourth, and most important, Guatemalan refugee women established their own organization, Mamá Maquín. "One day we realized we were an important part of our people and we concluded that only by organizing ourselves would we be listened to and respected," said Reina Montejo, a Mamá Maquín member.

With the help of Mamá Maquín, UNHCR was able to cover all refugee camps no matter what language the women spoke. The first public activity of Mamá Maquín was to carry out a survey of women's needs in Chiapas. Almost 900 women of different ages and origin were interviewed in 60 camps to determine their main problems and to decide priorities.

The survey results were quite depressing. "I was shocked by the women's low level of self-esteem," recalled Terry Morel. "All of them considered themselves too old, useless or too tired. They were not interested in training activities. They suffered from malnutrition and were very sad."

Mamá Maquín, UNHCR and COMAR decided to introduce projects to reinforce the women's self-esteem. Most activities focused on training, health, education, and human rights projects. A radio program produced and directed by the refugee women was aired for free by a local radio station.

But getting men to accept the women's projects wasn't easy. "We knew we were going to face problems with our brothers, and we were right," said Marisela Lucas, a Mamá Maquín leader. "Most of them did not want us organized."

In addition, the women faced

Nearly half the protection cases in Mexico involve accusations of sexual harrassment, rape or domestic violence. Gender violence is not new. What has changed is the willingness of women to report such cases.

much resistance from an unexpected front — other women. Among other things, they were very embarrassed discussing topics such as reproduction in public. Nevertheless, little by little, the women began to appreciate each other and themselves. "I found out that I am a person too, that I have human rights too," said Silvia Velázquez, a refugee at La Laguna settlement in Quintana Roo.

To date, some 8,000 women in Mexico and Guatemala have participated in the activities of Mamá Maquín and similar organizations that soon followed, including Madre Tierra (Mother Earth), Ixmucané (the Mayan grandmother goddess) and Flores Unidas.

But convincing Guatemalan men of the value of these women's activities remains difficult because it challenges traditional male perceptions. In some cases, women have had to assume a double workload — carrying out their household chores as well as their new responsibilities in various projects ranging from running small bakeries to market gardening. But some men have accepted the new roles taken on by their wives.

"My husband helps me at home, but I know a guy who prefers to go to the river at midnight to wash the clothes rather than be seen helping his wife when she is away in a meeting," said Angélica González, a leader of Madre Tierra.

Sometimes, it is easier to persuade a husband to accept the changed role than to convince his mother or sisters. "They laugh at my husband, saying he is a fool manipulated by a woman," said González.

Although the women's organizations have gained a certain degree of visibility and acceptance, they have not made much headway against traditional male power structures. "It is a matter of power and it is hard to share the power," said Morel. Or, as Angélica González puts it: "We want to break the chains that bind us — while the men say we should stay at home, why do you want to go out?"

The women's organizations emphasize that their activities are aimed at promoting the voluntary repatriation program that has already helped some 18,000 Guatemalans return home. In this context, their work has been successful and the women's groups have become indispensable partners both before and during the repatriation movements. They educate prospective returnees on what to expect and they distribute food and other assistance during the trip back.

In addition, women are now taking part in periodic scouting trips back to Guatemala to seek land for prospective returnee communities, the first step in any repatriation movement. A few have even been accepted on the executive boards of new returnee cooperatives in Guatemala, while others been given their own land. Even so, most refugee and returnee organizations remain male-dominated.

A visible result of the awareness campaigns developed by refugee women is an increase in legal complaints against men. Nearly half the complaints addressed by protection officials in Mexico involve accusations of sexual harassment, rape or domestic violence. Gender violence *per se* is not a new phenomenon. What has changed is the willingness of women to report such cases.

So far, most of the projects ▶

▶ implemented by the refugees and funded by UNHCR are aimed at providing the most basic and urgent needs, and do not address the more fundamental obstacles that prevent women from taking a more active role in the development process.

For example, only a small fraction of teachers and trainers are female. Except for midwives, most of the health promoters are male as well. And unlike male health promoters, who receive a small payment for their work, midwives receive no money. In El Porvenir settlement in Chiapas, midwives complain that their work is taken for granted.

The women have plenty of work to do before and during the repatriation movements, and they are not content to sit back and let the men take over once they get back home.

Returnee women operate a village maize grinder, installed as a Quick Impact Project, in Quiché, Guatemala.

Most of the returnees are members of collectives and they must build new villages from scratch — houses, churches, schools, markets, water and sanitation systems, roads, everything. And they have to do it in a sometimes hostile environment. In the Ixcán area, near the Mexican border, for example, the military and the guerrillas are still in conflict. Sometimes, this conflict puts women in a unique role as mediator and protector.

"This area is full of soldiers," said Carmen Salazar, a returnee to Tercer Pueblo. "Because of the danger, we women have to join men and support them.

"The army burned our houses and crops in August 1982 and established a military camp in the urban zone of the cooperative. When we came back, they were still occupying our land. So, I organized a women's demonstration demanding their withdrawal in December 1993.

After months of negotiations, the army withdrew from the land in April 1994, enabling the returnees to move in.

"The army is like a husband who beats you a lot but still wants you to love him," said Salazar, who owns her own plot of land. Her field, a 90-minute walk from her home, remains unplowed a year after her arrival in Tercer Pueblo. With the security situation still unsettled, her oldest son is afraid to work in such a remote place.

Military aircraft continue to fly overhead around Tercer Pueblo, frightening the children. Sometimes, gunfire is heard in the surrounding hills. Salazar and her neighbors just want to get on with their lives.

"The army is here because the guerrillas are here," she said. "So, if there were no guerrillas, there would be no army. We now know that fighting is not a solution to our problems. So why don't the army commanders and the guerrilla commanders just go to a stadium far from Ixcán and fight there and leave us alone in peace?"

Guatemalan women know the road to peace and prosperity is a difficult one. But they are unwilling to turn back, to go back to the old ways, because the refugee experience has changed them.

"We are not the same," declared Gregoria Suchite, an Ixmucané leader preparing to return home. "We do not want to go back to Guatemala just to keep pigs in our backyard, living as we always did. We women have participated in the planning of our future cooperative. I never imagined we could do that."

SANDRA GARCÍA

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WHAT'S WRONG HERE?

Look at this nice happy people.

Notice that each one has something: a tool or implement here, a bicycle or a briefcase there. All completely normal and unremarkable.

But wait. Something's amiss. That nice fellow near the bottom – third row down, second from the right. He doesn't seem to have anything.

Indeed. You see, he's a refugee.

And as you can see, refugees are just like you and me except for one thing: everything they once had has been destroyed or taken away, probably at gunpoint. Home, family, possessions, all gone.

They have nothing.

And nothing is all they'll ever have unless we help.

Of course, you can't give them back what's been destroyed, and we're not asking for money (though every penny helps). But we are asking you to keep an open mind. And a smile of welcome.

It may not seem much. But to a refugee it can mean everything.

UNHCR is a strictly humanitarian organization funded only by voluntary contributions. Currently it is responsible for more than 25 million refugees around the world.

UNHCR

United Nations High Commissioner for Refugees

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